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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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PROFIT
CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F98000002644**

1. Corporation Name
GOVERNMENT COMPUTER SALES INC.

Principal Place of Business	Mailing Address
710 NW JUNIPER ST., STE. 100 ISSAQUAH WA 98027	710 NW JUNIPER ST., STE 100 ISSAQUAH WA 98027

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/06/1998

4. FEI Number
91-1445296
[ ] Applied For
[ ] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax [ ] Yes [ ] No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip / Country	Zip / Country
24 / 25	29 / 30

9. Name and Address of Current Registered Agent

ORTEGA, GEORGE
225 CHILIAN AVE., #1
PALM BEACH FL 33480

10. Name and Address of New Registered Agent

81 Name: Corporation Service Company
82 Street Address (P.O. Box Number is Not Acceptable): 1201 - Hays Street
83
84 City: Tallahassee **FL** 85 Zip Code: 32301

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Patricia Piquito
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when restoring)
DATE: 4-19-99

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	[ ] DELETE	11 TITLE	✓ [ ] Change [X] Addition
NAME	FOWLER, ROBERT		12 NAME	Pollak, Chris
STREET ADDRESS	710 NW JUNIPER ST., STE. 100		13 STREET ADDRESS	710 NW Juniper St. Suite 100
CITY-ST-ZIP	ISSAQUAH WA 98027		14 CITY-ST-ZIP	Issaquah, Wa.
TITLE	D	[ ] DELETE	21 TITLE	[ ] Change [ ] Addition
NAME	BLAIR, TODD		22 NAME	
STREET ADDRESS	710 NW JUNIPER ST., STE. 100		23 STREET ADDRESS	
CITY-ST-ZIP	ISSAQUAH WA 98027		24 CITY-ST-ZIP	
TITLE	V	[ ] DELETE	31 TITLE	[ ] Change [ ] Addition
NAME	FOWLER, RALF		32 NAME	
STREET ADDRESS	710 NW JUNIPER ST., STE. 100		33 STREET ADDRESS	
CITY-ST-ZIP	ISSAQUAH WA 98027		34 CITY-ST-ZIP	
TITLE	S	[ ] DELETE	41 TITLE	[ ] Change [ ] Addition
NAME	WAHLBERG, JONAS		42 NAME	
STREET ADDRESS	710 NW JUNIPER ST., STE. 100		43 STREET ADDRESS	
CITY-ST-ZIP	ISSAQUAH WA 98027		44 CITY-ST-ZIP	
TITLE	T	[ ] DELETE	51 TITLE	[ ] Change [ ] Addition
NAME	POWERS, SARA		52 NAME	
STREET ADDRESS	710 NW JUNIPER ST., STE. 100		53 STREET ADDRESS	
CITY-ST-ZIP	ISSAQUAH WA 98027		54 CITY-ST-ZIP	
TITLE		[ ] DELETE	61 TITLE	[ ] Change [ ] Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Chris J. Pollak — CHRIS J. Pollak — 3/31/99 — 425 313-3100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)